EXHIBIT B

John T. Mather Memorial Hospital

DISCHARGE SUMMARY PHYSICIAN

THRANE, BRIAN	Visit ID: 3000211835 MRN: 365507 I	Age: 60 [redacted] M Attn: Tofano, Michael E
Telemetry 326 08	Discharge Date: 4/17/2015 17:06	Admit Date: 4/16/2015 09:33
	Address: 36 Applegate Dr, Mastic, NY 11950	

Authored Date: 4/17/2015 14:20 Service Date: 4/17/2015 14:20

DATES

Admission Date: 16-Apr-2015	Daly, Richard/NP (04/17/15 14:37)
Admission Date: 16-Apr-2015	Daly, Richard/NP (04/17/15 15:04)
Admission Date: 16-Apr-2015	Daly, Richard/NP (04/17/15 16:39)
Admission Date: 16-Apr-2015	Sinha, Archna/MD (04/17/15 17:06)
Discharge Date: 17-Apr-2015	Daly, Richard/NP (04/17/15 14:37)
Primary Care Physician: Dr. Lawrence Goldman East port	Daly, Richard/NP (04/17/15 14:37)
Discharging Physician: Dr. Archna Sinha	Daly, Richard/NP (04/17/15 14:37)

Discharge Diagnoses

Discharge Diagnoses

1: Problem Transient cerebral ischemia , ICD-9: 435.9 , ICD-10: G45.9 (04/17/15 14:37)

2: Problem Right sided weakness , ICD-9: 728.87 , ICD-10: M62.89 (04/17/15 14:37)

3: Problem Chronic neck pain , ICD-9: 723.1 , ICD-10: M54.2 (04/17/15 14:37)

OTHER

PAST MEDICAL/SURGICAL HISTORY

Past Medical Hx: Problem: Chronic neck pain , Type: Past Medical Hx , ICD-9: 723.1 , ICD-10: M54.2 (04/17/15 14:37)

History of fall in 2008 resulting in chronic neck pain. Patient states there is an active workman's comp issue regarding this Daly, Richard/NP (04/17/15 14:37)

SOCIAL HISTORY

Relationship Status: widowed Daly, Richard/NP (04/17/15 14:37)

Employment Status: currently employed; Bus Driver Daly, Richard/NP (04/17/15 14:37)

HISTORY OF PRESENT ILLNESS

History of Present Illness: This 60 Y/O male with a PMHX Chronic neck pain secondary to a slip and fall in 2008, for which he receives epidural injections twice per year, presents to JTM ED with a complaint of right leg weakness and dizziness. The patient states while driving a bus around 2pm the night before admission, he lost coordination. He was unable to move his leg and step on his brakes. He also had sudden onset of dizziness with the symptoms. While walking towards his car a second episode occurred and he was instructed by his wife to come to the ED. He does state this occurred in 2008 when he fell and sustained a concussion. The numbness in his leg resolved at that time without medical intervention.
He denied SOB, Chest pain, Palpitations, Syncope, seizures, headache or visual disturbances. Daly, Richard/NP (04/17/15 14:37)

REVIEW OF SYSTEMS

REVIEW OF SYSTEMS

SAM

John T. Mather Memorial Hospital
DISCHARGE SUMMARY PHYSICIAN

Daly, Richard/NP (04/17/15 14:37)

GENERAL - no complaints elicited
SKIN - no skin complaints elicited
BREAST - no breast complaints elicited
OPHTHALMOLOGIC - no opthalmologic complaints elicited
ENMT - no ENMT complaints elicited
RESPIRATORY/THORAX - no respiratory/thorax complaints elicited
CARDIOVASCULAR - no cardiac complaints elicited
GASTROINTESTINAL - no gastrointestinal complaints elicited
GENITOURINARY - no genitourinary complaints elicited
MUSCULOSKELETAL Positive Symptoms - neck pain
NEUROLOGICAL Negative Symptoms - no transient paralysis and no weakness and no parasthesias and no generalized seizures and no focal seizures and no syncope and no tremors and no vertigo and no loss of sensation and no loss of consciousness and no hemiparesis
PSYCHIATRIC - no psychiatric complaints elicited
HEMATOLOGY/LYMPHATICS - no hematology/lymphatics complaints elicited
ENDOCRINE - no endocrine complaints elicited
ALLERGIC/IMMUNOLOGIC - no allergic/immunologic complaints elicited.

PHYSICAL EXAM

Daly, Richard/NP (04/17/15 14:37)

GENERAL - Overweight male, in no acute distress.
SKIN - warm and dry, color normal, turgor normal, no lesions
EYES - pupils equally round and reactive to light, extraocular movements intact
ENMT - intact, mucous membranes moist, no apparent injury
RESPIRATORY/THORAX - patent airways, clear to auscultation bilaterally, normal breath sounds
CARDIOVASCULAR - regular rate and rhythm, no murmurs, 2+ equal pulses
GASTROINTESTINAL - soft, obese, non-tender, no masses palpable, no organomegaly, positive bowel sounds
GENITOURINARY - no discharge, no vesicles or other abnormalities
MUSCULOSKELETAL - ROM intact, no joint swelling, normal strength bilaterally
EXTREMITIES - normal extremities, no cyanosis, no edema, no bruising, no wounds
NEUROLOGICAL - alert and oriented, intact sensations, grossly intact neurologic exam.
LYMPHATICS - no significant lymphadenopathy
PSYCHOLOGICAL - anxious to return to work.

RESULTS
LAB TREND

Daly, Richard/NP (04/17/15 14:37)

# of Results: 5

Daly, Richard/NP (04/17/15 14:37)

Lab Results: {\fonttbl{\f0 Consolas;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255; }\f0\fs17:\cb0 Troponin date/time Troponin
15-Apr-2015 22:25 :\cb0 < 0.06 :\cb0:\cb0

{\fonttbl{\f0 Consolas;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255; }\f0\fs17:\cb0 BMP date/time NA+ K+ CL CO2 Glu BUN Crt Ca +
17-Apr-2015 06:30 :\cb0 138 :\cb0 3.7 :\cb0 105 :\cb0 27.4 :\cb0 N/A :\cb0 14 :\cb0 0.9 1\cb2 8.3(L):\cb0

{\fonttbl{\f0 Consolas;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255; }\f0\fs17:\cb0 CBC date/time WBC Neutrophil Hgb Hematocrit Platelet Count
17-Apr-2015 06:20 :\cb0 6.5 :\cb0 60.5 :\cb0 13.5 :\cb0 40.6 1\cb2 130(L):\cb0

{\fonttbl{\f0 Consolas;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255; }\f0\fs17:\cb0 BNP date/time BNP
16-Apr-2015 18:03 :\cb0 33 :\cb0:\cb0

{\fonttbl{\f0 Consolas;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255; }\f0\fs17:\cb0 Liver Enzymes date/time ASAT ALT ALP TSB Alb TP DB
16-Apr-2015 09:50 1\cb2 14(L) :\cb0 12 :\cb0 46 :\cb0 1.3 :\cb0 3.9 1\cb2 59(L) 1\cb2 0 21(H):\cb0

RESULTS
MICROBIOLOGY TREND

Daly, Richard/NP (04/17/15 14:37)

# of Results: 1

SAM

John T. Mather Memorial Hospital

DISCHARGE SUMMARY PHYSICIAN

RESULTS

RADIOLOGY TREND

Of Results: 5

Daly, Richard/NP (04/17/15 14:37)

Daly, Richard/NP (04/17/15 14:37)

Radiology Results: {\fonttbl{\f0 Arial;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255;}\f0\fs20 Chest XR 2 Views 71020 - 15-Apr-2015 23:0 - Mild pulmonary vascular congestion.

{\fonttbl{\f0 Arial;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255;}\f0\fs20 MRA Head without Contrast 70544 - 16-Apr-2015 11:44 - No hemodynamically significant stenosis in the major intracranial arteries. No large or medium-sized aneurysm.

-MRI Brain without Contrast 70551 - 16-Apr-2015 11:44 - No acute infarct, intracranial hemorrhage, mass or midline shift. Mild microvascular white matter disease. 6mm meningioma versus osteoma in the left posterior frontal region.

-CT Brain/Head without IV contrast 70450 - 15-Apr-2015 22:40 - No CT evidence of acute transcortical infarction. Moderate to advanced microvascular ischemic disease. Diffusion-weighted MRI is significantly more sensitive for subtle acute ischemia. Subcentimeter calcified left frontal vertex meningioma.

{\fonttbl{\f0 Arial;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255;}\f0\fs20 TTE Transthoracic Echocardiogram 93306 - U/S - 16-Apr-2015 12:45 - Normal size left ventricle. - Normal global left ventricular systolic function (EF 69%). - Grade 2 diastolic dysfunction (pseudonormalized LAV filling pattern). - Concentric left ventricular wall thickness. - Mild concentric left ventricular hypertrophy. - Normal size right ventricle. - The right ventricular global function is normal. - Right ventricular systolic pressure is normal. - Normal size left atrium. - The mitral valve appears normal in structure and function. - Mild mitral valve regurgitation. - The aortic valve is tricuspid, thickened with normal leaflet excursion. - The tricuspid valve is normal. - Trace tricuspid valve regurgitation. - Mild pulmonary valve regurgitation. - There is no pericardial effusion. Electronically signed by MD Peter Bruno on 04/16/2015 at 09:44 PM

{\fonttbl{\f0 Arial;\f1 Ariel;}}{\colortbl; \red0\green0\blue0; \red0\green255\blue255; \red0\green255\blue0; \red0\green0\blue255;}\f0\fs20 Duplex Scan of Carotid 93880 Bilateral U/S - 16-Apr-2015 12:45 - No hemodynamically significant stenosis in the bilateral internal carotid arteries.

John T. Mather Memorial Hospital

DISCHARGE SUMMARY PHYSICIAN

Daly, Richard/NP (04/17/15 15:04)

Radiology Results: Chest XR 2 Views 71020
15-Apr-2015 23:01 - Mild pulmonary vascular congestion.

MRA Head without Contrast 70544
16-Apr-2015 11:44 - No hemodynamically significant stenosis in the major intracranial arteries. No large or medium-sized aneurysm.

MRI Brain without Contrast 70551
16-Apr-2015 11:44 - No acute infarct, intracranial hemorrhage, mass or midline shift. Mild microvascular white matter disease. 6mm meningioma versus osteoma in the left posterior frontal region.

CT Brain/Head without IV contrast 70450
15-Apr-2015 22:49 - No CT evidence of acute transcortical infarction. Moderate to advanced microvascular ischemic disease. Diffusion-weighted MRI is significantly more sensitive for subtle acute ischemia. Subcentimeter calcified left frontal vertex meningioma.

TTE Transthoracic Echocardiogram 93306 U/S
16-Apr-2015 12:45 - - Normal size left ventricle. - Normal global left ventricular systolic function (EF 69%). - Grade 2 diastolic dysfunction (pseudonormalized LV filling pattern). - Concentric left ventricular wall thickness. - Mild concentric left ventricular hypertrophy. - Normal size right ventricle. - The right ventricular global function is normal. - Right ventricular systolic pressure is normal. - Normal size left atrium. - The mitral valve appears normal in structure and function - Mild mitral valve regurgitation. - The aortic valve is tricuspid, thickened with normal leaflet excursion - The tricuspid valve is normal. - Trace tricuspid valve regurgitation. - Mild pulmonary valve regurgitation. - There is no pericardial effusion. Electronically signed by MD Peter Bruno on 04/16/2015 at 09:44 PM

Duplex Scan of Carotid 93880 Bilateral U/S
16-Apr-2015 12:41 - No hemodynamically significant stenosis in the bilateral internal carotid arteries.

HOSPITAL COURSE

John T. Mather Memorial Hospital
DISCHARGE SUMMARY PHYSICIAN

Daly, Richard/NP (04/17/15 16:39)

HOSPITAL COURSE: This is a 60 year old caucasian male who presented to the emergency department on 4/16/15 with complaints of R leg weakness and dizziness. He has a history of chronic neck pain related to a slip and fall that he reports occurred at work, and he states he undergoes epidural steroid injections. He was evaluated in the emergency department, and stat CT imaging was obtained, results as follows:

No CT evidence of acute transcortical infarction, intracranial hemorrhage or extra-axial collection. No mass effect or midline shift. There are patchy foci of hypoattenuation within the periventricular and subcortical white matter, which are nonspecific but in combination with atherosclerotic calcifications at the skull base are most compatible with moderate to advanced micro-vascular ischemic disease. There are prominent dural calcifications. There is a 6 mm left frontal vertex extra-axial calcified lesion, most compatible with meningioma. There is moderate age-related cerebral and cerebellar volume loss. There is no hydrocephalus. Visualized orbits are unremarkable. Mastoid air cells are clear. The calvarium is grossly intact. The visualized paranasal sinuses do not demonstrate significant mucosal thickening. IMPRESSION: No CT evidence of acute transcortical infarction. Moderate to advanced microvascular ischemic disease. Diffusion-weighted MRI is significantly more sensitive for subtle acute ischemia. Subcentimeter calcified left frontal vertex meningioma.

Neurologic consultation was obtained with Dr. Gill. The patient was admitted to telemetry for further care. MRI and MRA was negative, results noted as follows:

MRA Head without Contrast 70544
16-Apr-2015 11:44 - No hemodynamically significant stenosis in the major intracranial arteries. No large or medium-sized aneurysm.

MRI Brain without Contrast 70551
16-Apr-2015 11:44 - No acute infarct, intracranial hemorrhage, mass or midline shift. Mild microvascular white matter disease. 6mm meningioma versus osteoma in the left posterior frontal region.

The patient was found to have a 6 mm meningioma vs osteoma as noted above, not likely contributory to symptoms. He has had no further dizziness or weakness during this admission. He has been evaluated by Neurology today, as well as the hospitalist, and is medically stable for discharge. He has been cleared by neurology for discharge. He was given an appointment with Dr. Gill for neurology in follow up on 5/1/15 at 9 am for follow up.

Of note, the patient states he wants to go back to work as soon as possible. He was instructed that due to the nature of his symptoms (ruled out for CVA, but suspicion of TIA) and his profession (works as MTA bus driver); that we can not advise him to return to work until cleared by his primary care physician and neurology. The patient was upset with this, however he was informed of the risks to his own health, and that of the general public in returning to work too early. He verbalized understanding.

He will be referred to Mather Primary Care for local follow up, or alternatively Dr. Goldman for primary care follow up. He continued to express a wish to return to work as soon as possible. Dr. Gill was again contacted, and agreed to see the patient on 4/21/15 at 9 am. The patient was accepting of this, and was again advised not to return to work in his capacity as an MTA bus driver until cleared by neurology.

John T. Mather Memorial Hospital

DISCHARGE SUMMARY PHYSICIAN

HOSPITAL COURSE: This is a 60-year-old caucasian male who presented to the emergency department on 4/16/15 with complaints of R leg weakness and dizziness. He has a history of chronic neck pain related to a slip and fall that he reports occurred at work, and he states he undergoes epidural steroid injections. He was evaluated in the emergency department, and stat CT imaging was obtained, results as follows:

No CT evidence of acute transcortical infarction, intracranial hemorrhage or extra-axial collection. Nonmass effect or midline shift. There are patchy foci of hypoattenuation within the periventricular and subcortical white matter, which are nonspecific but in combination with atherosclerotic calcifications at the skull base are most compatible with moderate to advanced micro-vascular ischemic disease. There are prominent dural calcifications. There is a 6 mm left frontal vertex extra-axial calcified lesion, most compatible with meningioma. There is moderate age-related cerebral and cerebellar volume loss. There is no hydrocephalus. Visualized orbits are unremarkable. Mastoid air cells are clear. The calvarium is grossly intact. The visualized paranasal sinuses do not demonstrate significant mucosal thickening. IMPRESSION: No CT evidence of acute transcortical infarction. Moderate to advanced microvascular ischemic disease. Diffusion-weighted MRI is significantly more sensitive for subtle acute ischemia. Subcentimeter calcified left frontal vertex meningioma.

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Daly, Richard/NP (04/17/15 15:04)

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Of note, the patient states he wants to go back to work as soon as possible. He was instructed that due to the nature of his symptoms (ruled out for CVA, but suspicion of TIA) and his profession (works as MTA bus driver), that we can not advise him to return to work until cleared by his primary care physician and neurology. The patient was upset with this, however he was informed of the risks to his own health, and that of the general public in returning to work too early. He verbalized understanding.

He will be referred to Mather Primary Care for local follow up, or alternatively Dr. Goldman for primary care follow up.

HOSPITAL COURSE: This is a 60 year-old caucasian male who presented to the emergency department on 4/16/15 with complaints of R leg weakness and dizziness. He has a history of chronic neck pain related to a slip and fall that he reports occurred at work, and he states he undergoes epidural steroid injections. He was evaluated in the emergency department, and stat CT imaging was obtained, results as follows:

Daly, Richard/NP (04/17/15 14:37)

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Neurologic consultation was obtained with Dr. Gill. The patient was admitted to telemetry for further care. MRI and MRA was negative, results noted as follows:

DISCHARGE CONDITION

DISCHARGE CONDITION: Medically stable for discharge
Cleared by neurology for discharge.

Daly, Richard/NP (04/17/15 15:04)

CONSULTING PHYSICIANS

CONSULTING PHYSICIANS

John T. Mather Memorial Hospital

DISCHARGE SUMMARY PHYSICIAN

Consulting, Gill, Anita, Neuro/Stroke only (04/17/15 14:37)

ALLERGIES

ALLERGIES

No Known Medication Allergy, Drug, Unknown, Active (04/17/15 14:37)

ADDITIONAL DISCHARGE INSTRUCTIONS

ADDITIONAL DISCHARGE INSTRUCTIONS

Code Status, Active, Code Status: Full Code, 16-Apr-2015 (04/17/15 15:04)

Diet Order, Active, Cardiac (low chol,fat control,2gmna) <Cardio>, 16-Apr-2015 (04/17/15 15:04)

VTE Risk Assessment order, Active, VTE Assessment: Moderate Risk: Most Medical - Surgical Patients, 16-Apr-2015 (04/17/15 15:04)

NEW HOME MEDS

New Home Meds: Please refer to Discharge Instructions Document Daly, Richard/NP (04/17/15 15:04)

NOTE COMPLETION

NOTE COMPLETION: DOCUMENT IS FINAL Sinha, Archna/MD (04/17/15 17:06)

Addendum Section:

Sinha, Archna (MD) (Signed Addendum 04/17/15 17:06)
Patient seen and examined at bedside - agree with above plan of care

Revision History and Electronic Signature(s):

When	Who	Document Status	Revision Status	Signature Status	Reason
04/17/15 17:06	Sinha, Archna (MD)	Final		Signed in Full	Addendum Only
04/17/15 17:06	Sinha, Archna (MD)	Final	Revised	Signed in Full	
04/17/15 16:39	Daly, Richard (NP)	Incomplete	Revised	Signed w/additional Signatures Pending	Edit
04/17/15 15:04	Daly, Richard (NP)	Incomplete	Revised	Signed w/additional Signatures Pending	Edit
04/17/15 14:37	Daly, Richard (NP)	Incomplete	Entered	Signed w/additional Signatures Pending	